



INDIANA BOARD OF PHARMACY CHANGE OF QUALIFYING PHARMACIST

State Form 1572 (R2 / 3-92)

INSTRUCTIONS: *Complete, sign and return along with the pharmacy permit (maintaining a copy of permit for your records) to the:*

Health Professions Bureau
402 W.Washington St., Rm. 041
Indianapolis, IN 46204
(317) 232-1140

Name and address of pharmacy

(If information typed is not as it appears on pharmacy permit please correct)

Pharmacy permit identification number <i>(as it appears on permit)</i>	
Name of proposed qualifying pharmacist	
Pharmacy Telephone number	RPh license number

I hereby swear or affirm under the penalties of perjury that I am a duly licensed pharmacist in the State of Indiana, and by the execution of this document accept responsibility for the lawful conduct of said pharmacy, and I will notify the Indiana Board of Pharmacy not later than the effective date of my separation from such duties.

Signature of qualifying pharmacist

Date signed

Note: A pharmacist may qualify only one Indiana permit.



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